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DECLARATION, POWER OF ATTORNEY & PETITION Page 1 of 2	Attorney Docket No.	1311.APT.PT
	Inventor(s)	Walter M. Bain
	Serial Number	
	Filing Date	

As an inventor named below or on any attached continuation page, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe that I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUTOMATED PRESCRIPTION DELIVERY SYSTEM

the speci	ification	of which:					
	×	is attached hereto.					
		was filed on	as Unite	ed States application Serial	No	aı	nd was
		amended on		•			
		was filed onunder PCT Article		international application N	lo	an	d was amended
	I hereby			rstand the contents of the a	hove-ide	entified spec	ification
		ms, as amended by			ibovc-ide	onunica spec	mcadon,
				ited States Patent and Trace	damark (Office all inf	formation which
				he subject matter claimed			
		37 of the Code of			in uns ap	pheanon in	accordance with
			-	ons. or Title 35 U.S.C. § 119 (a)	· (d) or	8 365 (b) of	any foraign
				365(a) of any PCT interna			
				erica listed below and on a			
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				nuation page any foreign a			
	•		• •	signating at least one coun	•		ited States of
	_	-		ation(s) on which priority	is claime		
	Prior for	eign/PCT applicati	on(s):			Priority Cl	aimed:
((Number)	(Country)	(Day/Mo/Yr Filed)	Yes	No	
	I hereby	claim the benefit u	inder 35 U.S.C. §	119 (e) of any United Sta	tes provi	sional applic	cation(s) below:
(Pr	ovisiona	l Application No.)		(Filing Date)			

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or under 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, and I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent No. Parent Filing Date Parent Patent Number (MM/DD/YY)

	Attorney Docket No.	1311.APT.PT
DECLARATION, POWER OF ATTORNEY & PETITION Page 2 of 2	Inventor(s)	Walter M. Bain
	Serial Number	
	Filing Date	

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Julie K. Morriss

Reg. No. 33,263 Randall B. Bateman

Reg. No. 37,774

Date Signed 9-6-00

David W. O'Bryant

Reg. No. 39,793 Frank W. Compagni

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Direct all correspondence to:

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5882 South 900 East, Suite 300 Salt Lake City, Utah 84121

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful, false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code, and that such willful, false statements may jeopardize the validity of the application or any patent issuing thereon.

INVENTOR:

Walter M. Bain

SIGNATURE: CITIZENSHIP:

US

RESIDENCE:

Farmington, Utah

ADDRESS:

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STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN

Docket Number (Optional)
1311..APT.PT

Applicant, Patentee, or Identifier: Walter M. Bain
Application or Patent No.:
Filed or Issued:
Title: AUTOMATED PRESCRIPTION DISPENSING SYSTEM AND METHOD OF USE
I hereby state that I am
the owner of the small business concern identified below:
an official of the small business concern empowered to act on behalf of the concern identified below:
NAME OF SMALL BUSINESS CONCERN Advanced Pharmacy Technologies, L.L.C.
ADDRESS OF SMALL BUSINESS CONCERN 526 North 700 West, No. Salt Lake, Utah 84054
I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416.
I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:
the specification filed herewith with title as listed above.
the application identified above.
the patent identified above.
If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).
Each person, concern or organization having any rights in the invention is listed below:
no such person, concern, or organization exists.
each such person, concern, or organization is listed below.
Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))
NAME OF PERSON SIGNING Daniel Bain TITLE OF PERSON IF OTHER THAN OWNER Manager
ADDRESS OF PERSONAL NILY See North 700 West, No. Salt Lake, Utah 84054
SIGNATURE DATE 9/6/2000